

NOTICE OF INDEPENDENT REVIEW DECISION

Date: June 3, 2003

RE: MDR Tracking #: M2-03-0987-01

IRO Certificate #: 5242

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a psychiatric physician reviewer who is board certified in psychiatry. The psychiatric physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

The claimant alleges that she slipped on some water on ___ while at work. She fell in such a way that injured her back. She has been treated with anti inflammatory medication, TENS units, injections and physical therapy. She's had two determinations for maximum medical improvement, the first on 10-04-01 by ___ who gave the claimant a 0% impairment and recommended return to work without restrictions. She was subsequently evaluated by ___ who evaluated her on 06-06-02 and gave her a 6% whole person impairment rating to the lumbar spine, and stated that she had reached maximum medical improvement about 4-1-02. Since that time, the claimant has followed up with ___ he evaluated her in January and recommended a number of studies including MRI's, X-ray's and electromyogram. The electromyogram and referrals would only be for pain management. He's treating her with Ultram. She saw ___ and then ___ who felt that she had a right knee strain and lumbosacral arthropathy. She also was evaluated and they recommended lumbar facet blocks with sacroiliac injections. She was also evaluated by ___ and ___ at the ___ who recommended that she participate in a chronic pain management program. This evaluation was done on 02-26-03. Evaluation from ___ was done 02-05-03. The pain assessment and care clinic also saw her back in March. There's an initial denial letter for the facet blocks and there's an appeal letter. However, the result of that appeal is not included in the paperwork.

Requested Service(s)

Chronic pain management program

Decision

I concur with the insurance carrier, that at this time the Chronic pain management program is not medically necessary.

Rationale/Basis for Decision

The claimant appears to be pursuing multiple levels of treatment including injections, the chronic pain management program and further evaluation and possible treatment with ___.

Since the chronic pain management program is generally a treatment where all other medical treatment options have been exhausted it appears that there is still felt that there is some other medical treatment options for the claimant though I would note if the insurance company denies any further medical evaluation, or treatment of the claimant that at that time it would probably be reasonable for her to participate in the chronic pain management program.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

This decision by the IRO is deemed to be a TWCC decision and order.